

DEC 2 4 1997

510 (k) Summary - OSOM hCG-Urine Test (K974159)

Submitter:

Wyntek Diagnostics, Inc.

6146 Nancy Ridge Dr. Ste. 101

San Diego, CA 92121

Tel: 619-452-3198, Fax: 619-452-3258

Contact Person: Shu-Ching Cheng

Product Name:

Proprietary Name:

OSOM® hCG- Urine Test

Common Name:

hCG-Urine Pregnancy Test Kit

Classification Name: Human chorionic gonadotropin (hCG) test system

Intended Use: A qualitative determination of human chorionic.

gonadotropin, hCG, in urine for early detection of

pregnancy. FOR LABORATORY AND PROFESSIONAL IN

VITRO DIAGNOSTICS USE ONLY.

Description: Wyntek's OSOM® hCG- Urine Test uses color

immunochromatographic stick technology with antibodies coated on the membrane. If hCG is present in urine, a blue test line will appear

to indicate a positive result.

Substantial Equivalence:

Wyntek™ OSOM® hCG- Urine Test is substantially equivalent to Abbott Test Pack hCG Urine test. Both tests utilize membrane, monoclonal and polyclonal antibodies to identify hCG in urine. Both tests also interpret the results through the development of the color

lines.

Precision: The OSOM hCG-Urine Test, when compared to Abbott TestPack Plus hCG Urine Test with a limited sample size, results in a sensitivity of 100% and a specificity of 100%. Also, an evaluation of the OSOM hCG-Urine Test was conducted at three physicians offices. Each site tested the randomly coded panel consisting of negative, low positive and moderate positive samples for three days. The results obtained had 100% agreement with the expected results

Applicant Signed: Signed: Signed: Date: 17,1997
Shu-Ching Cheng



Food and Drug Administration 2098 Gaither Road Rockville MD 20850

DEC 24 1997

Shu-Ching Cheng
•VP Operations
Wyntek Diagnostics
6146 Nancy Ridge Drive, Suite 101
San Diego, California 92121

Re: K974159

OSOM[™] hCG-Urine Test Regulatory Class: II Product Code: JHI

Dated: November 11, 1997 Received: November 14, 1997

Dear Mr. Cheng:

We have reviewed your Section 510(k) notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (Premarket Approval), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 895. A substantially equivalent determination assumes compliance with the Current Good Manufacturing Practice requirements, as set forth in the Quality System Regulation (QS) for Medical Devices: General regulation (21 CFR Part 820) and that, through periodic QS inspections, the Food and Drug Administration (FDA) will verify such assumptions. Failure to comply with the GMP regulation may result in regulatory action. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>. Please note: this response to your premarket notification submission does not affect any obligation you might have under sections 531 through 542 of the Act for devices under the Electronic Product Radiation Control provisions, or other Federal laws or regulations.

Under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88), this device may require a CLIA complexity categorization. To determine if it does, you should contact the Centers for Disease Control and Prevention (CDC) at (770) 488-7655.

This letter will allow you to begin marketing your device as described in your 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4588. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its internet address "http://www.fda.gov/cdrh/dsmamain.html".

Sincerely yours,

Steven I. Gutman, M.D., M.B.A.
Director
Division of Clinical
Laboratory Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

Device Indications For Use

510 (k) Number: K25223 K 974159
Device Name: OSOM™ hCG-Urine Test
Indication For Use:
The OSOM [™] hCG-Urine Test is intended for the qualitative determination of human chorionic gonadotropin (hCG) in urine for early detection of pregnancy. FOR LABORATORY AND PROFESSIONAL IN VITRO USE ONLY.
(PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)
Concurrence of CDRH, Office of Device Evaluation (ODE)
(Division Sign-Off) Division of Clinical Laboratory Devices 510(k) Number K 174 159
Prescription Use OR Over-The-Counter Use (Per 21 CFR 801.109)